Exam Structure

The following portion of the examination includes 1 Case Study. The Case Study includes introductory information about a specific situation, followed immediately by a set of questions related to the situation described.

Each question will contain a button that is labeled **Scenario**. When clicked, the scenario button will redisplay the introductory information.

Each new question will be presented on-screen with the text of each previous question to aid the candidate. New questions will appear in bold. Previous questions will appear in italics.

Certain questions will require a single response and others will require multiple responses so please ensure you read the question carefully.

When finished reading the question, click on the **NEXT** button to move to the next question on the exam.
The next six questions are based on the following scenario. The scenario will be visible on each item by clicking the provided 'Scenario' button.

**Scenario 1**

**Workplace Setting:** Bruce is a registered psychiatric nurse who works in an inpatient unit.

**Client Profile:** Ms. Matthews is a 35-year-old Caucasian female. She is living on her own after having recently ended a relationship. She is estranged from two of her sisters and has no support from her family. She has had several relationships, always ending with her accusing the boyfriend of infidelity and/or not paying enough attention to her. She has a history of self-harm after these relationships end. She likes to party and enjoys going to the casinos. Most of her friends are acquaintances that she has met in bars or casinos.

**Health Status:** Admitted to the emergency room with abdominal pain and nausea after swallowing, as she reports, "half a bottle of Tylenol Extra Strength," along with an undetermined amount of vodka. She was stabilized and transferred to the in-patient psychiatric unit at 0600 hours today. Admitting diagnosis of borderline personality disorder and anxiety. Health History: Twice in the past three weeks presented at the emergency department for abdominal pain. The diagnostic tests proved to be inconclusive.

**Vital Signs:** T: 37.9°C, orally • P: 86 beats per minute (bpm) • BP: 120/72 mm Hg • R: 16 breaths per minute • O2Sats: 96% on room air

**Orders:** • Sertraline (Zoloft) 25 mg by mouth (PO) once daily. • Lorazepam (Ativan) 0.5 mg as needed to a maximum of 2 mg sublingually (SL) for agitation/anxiety • High fibre diet • Multivitamin tablet once daily
Bruce has just come on shift; he goes to meet Ms. Matthews and introduces himself. What is Bruceâ€™s first priority after he has introduced himself?

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Calculator</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td></td>
</tr>
<tr>
<td>B</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Conduct a risk assessment.</td>
</tr>
<tr>
<td>D</td>
<td>Conduct a pain assessment.</td>
</tr>
</tbody>
</table>
Bruce has just come on shift; he goes to meet Ms. Matthews and introduces himself. What is Bruce’s first priority after he has introduced himself?

Upon completing a risk assessment, Bruce concludes that Ms. Matthews is not a risk to harm herself. Which of the following are the three most important actions that Bruce needs to take in developing a plan of care for Ms. Matthews?

- **A** Build a trusting relationship with Ms. Matthews using the skills of empathy, respect and warmth.
- **B** Establish the boundaries of the relationship in a clear and respectful manner.
- **C** Encourage Ms. Matthews to share her feelings about other clients by using the skill of genuineness.
- **D** Ensure that Ms. Matthews’s requests are dealt with quickly so as to decrease her anxiety.
- **E** Maintain a consistent, caring approach when responding to maladaptive coping behaviours.
- **F** Demonstrate caring by self-disclosing his own experiences with anxiety.
Bruce has just come on shift; he goes to meet Ms. Matthews and introduces himself. What is Bruce’s first priority after he has introduced himself?

Upon completing a risk assessment, Bruce concludes that Ms. Matthews is not a risk to harm herself. Which of the following are the three most important actions that Bruce needs to take in developing a plan of care for Ms. Matthews?

Ms. Matthews has declined to speak with Bruce throughout his shift, stating she is not ready to talk. At the end of his shift when Bruce is about to leave when she approaches him and states that she has something important to say to him and that he is the only nurse she trusts. Which three of the following items does Bruce need to consider before responding?

| ? | ?  Scenario | ?  Calculator |

A. Consistency in approach is key to fostering healthy interaction.

B. Engaging with Ms. Matthews now is critical because she is ready to talk.

C. It is important to discuss why Ms. Matthews feels she can only trust him.

D. He must be aware of his internal reaction to her comment that she only trusts him.

E. Setting limits in a therapeutic relationship promotes effective coping skills.

F. It is important that Ms. Matthews understands that all nurses should be trusted.
Bruce has just come on shift; he goes to meet Ms. Matthews and introduces himself. What is Bruce’s first priority after he has introduced himself?

Upon completing a risk assessment, Bruce concludes that Ms. Matthews is not a risk to harm herself. Which of the following are the three most important actions that Bruce needs to take in developing a plan of care for Ms. Matthews?

Ms. Matthews has declined to speak with Bruce throughout his shift, stating she is not ready to talk. At the end of his shift when Bruce is about to leave when she approaches him and states that she has something important to say to him and that he is the only nurse she trusts. Which three of the following items does Bruce need to consider before responding?

The next day Ms. Matthews shows an interest in attending group activities on the ward. Which three of the following group sessions would Bruce suggest to Ms. Matthews for her consideration?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Anger management skills</td>
</tr>
<tr>
<td>B</td>
<td>Assertiveness skills</td>
</tr>
<tr>
<td>C</td>
<td>Conflict management skills</td>
</tr>
<tr>
<td>D</td>
<td>Medication adherence skills</td>
</tr>
<tr>
<td>E</td>
<td>Mindfulness group</td>
</tr>
<tr>
<td>F</td>
<td>Social skills</td>
</tr>
</tbody>
</table>
Bruce has just come on shift; he goes to meet Ms. Matthews and introduces himself. What is Bruce’s first priority after he has introduced himself?

Upon completing a risk assessment, Bruce concludes that Ms. Matthews is not a risk to harm herself. Which of the following are the three most important actions that Bruce needs to take in developing a plan of care for Ms. Matthews?

Ms. Matthews has declined to speak with Bruce throughout his shift, stating she is not ready to talk. At the end of his shift when Bruce is about to leave when she approaches him and states that she has something important to say to him and that he is the only nurse she trusts. Which three of the following items does Bruce need to consider before responding?

The next day Ms. Matthews shows an interest in attending group activities on the ward. Which three of the following group sessions would Bruce suggest to Ms. Matthews for her consideration?

Two days later during his morning assessment of Ms. Matthews, Bruce finds her alone in her room, bent over, holding her wrist and stating that she is in a lot of pain. He notes that that her wrist is bleeding and she has several minor cuts to her wrist. After ensuring that there are no immediate safety issues what action should Bruce take?

A. Inform the physician of the incident, document, and initiate observation protocols.
B. Reassure Ms. Matthews, ask another client to stays with her while he goes for help.
C. Place Ms. Matthews in a wheelchair call the physician and take her to the emergency room.
D. Inform the supervisor of the incident and request that observation protocols be initiated.
Bruce has just come on shift; he goes to meet Ms. Matthews and introduces himself. What is Bruce’s first priority after he has introduced himself?

Upon completing a risk assessment, Bruce concludes that Ms. Matthews is not a risk to harm herself. Which of the following are the three most important actions that Bruce needs to take in developing a plan of care for Ms. Matthews?

Ms. Matthews has declined to speak with Bruce throughout his shift, stating she is not ready to talk. At the end of his shift when Bruce is about to leave when she approaches him and states that she has something important to say to him and that he is the only nurse she trusts. Which three of the following items does Bruce need to consider before responding?

The next day Ms. Matthews shows an interest in attending group activities on the ward. Which three of the following group sessions would Bruce suggest to Ms. Matthews for her consideration?

Two days later during his morning assessment of Ms. Matthews, Bruce finds her alone in her room, bent over, holding her wrist and stating that she is in a lot of pain. He notes that that her wrist is bleeding and she has several minor cuts to her wrist. After ensuring that there are no immediate safety issues what action should Bruce take?

Bruce wants to add strategies to the nursing care plan to assist Ms. Matthews to develop positive coping behaviours in response to feelings of anxiety and to decrease her impulsive behaviours. Which three of the following are the most important strategies required to achieve this?

A. Develop a plan of action for Ms. Matthews to follow and provide this to her so that she can manage her anxiety.

B. Ask the care team to establish consequences for Ms. Matthews when she uses impulsive behaviours.

C. Assist Ms. Matthews to develop a plan that includes self-rewards for the use of positive coping behaviours.

D. Use empathy and explore ways to change behaviours if Ms. Matthews is impulsive.

E. Use seclusion if Ms. Matthews engages in self-destructive behaviours to manage her anxiety.

F. Implement safety measures if Ms. Matthews engages in unsafe behaviour in response to anxiety.